



# Look and Listen Language

Communication Do's and Don'ts  
For Youth with Disabilities

# Disabilities

Developmental

Intellectual

Motor

Sensory

Neurological

Medical

Psychiatric

Communication

Developmental:

- Autism
- Cerebral Palsy
- Down Syndrome
- Intellectual Disability
- Epilepsy

Mental Illness:

- Major depression
- Schizophrenia
- Bipolar disorder
- Obsessive Compulsive Disorder
- Panic disorder
- Post-Traumatic Stress Disorder
- Borderline personality disorder

# Autism Spectrum Disorder

Indications the person may have ASD:

- become anxious or agitated or appear confused
- show an interest in particular objects, possibly your badge, keys or weapon
- not recognize your badge or uniform
- look at you at an odd angle or avoid eye contact
- engage in repetitive behavior such as rocking or hand flapping
- repeat your body language and emotional reactions
- act upset for no apparent reason or laugh, giggle or ignore your presence
- appear insensitive to pain
- exhibit self-injurious behaviors like biting or head-banging
- react negatively to physical contact

If you notice these kinds of characteristics in someone's response to you or the situation at hand, that person could have an autism spectrum disorder.

# Cerebral Palsy

Indications the person may have CP :

- Unsteady gait, problems with balance
- Use a wheelchair, crutches or walk independently
- Often have normal intelligence
- Have a speech impairment
- May use assistive communication device
- Tense, rigid muscles
- Restricted movement in the oral-facial muscles
- Involuntary movements from muscle spasms
- Body may be very floppy or very stiff

# Down Syndrome

Indications the person may have Down Syndrome:

- Distinctive facial features, such as a flat face, small ears, slanting eyes, and a small mouth
- A short neck and short arms and legs
- Weak muscles and loose joints
- White spots on the colored part of the eye
- Wide, short hands with short fingers
- A single, deep, crease across the palm of the hand
- A deep groove between the first and second toes
- Below-average intelligence
- May have heart, intestine, ear, or breathing problems

# Intellectual Disability

Indications the person may have a Cognitive Disability:

- Diagnostic term is mental retardation
- Below-average intelligence (<70 IQ)
- May be mild, moderate or severe
- Speech delays
- Difficulty with problem solving
- Slow to master self-care tasks
- Difficulty with social skills
- Lack of social inhibitors
- Typically very outgoing and overly friendly

# Mental Illness

Indications the person may have mental illness:

- **Depression** – withdrawal, tearfulness, no motivation, low energy, thoughts of suicide
- **Schizophrenia** – hallucinations, delusions, hearing voices, paranoia
- **Bipolar disorder** – major mood swings, depression/mania, poor judgment, spending sprees, increased sex drive
- **Obsessive Compulsive Disorder (OCD)** – severe anxiety, obsessive thoughts, compulsive actions
- **Panic disorder** – rapid heart rate, hyperventilation, trouble breathing, fear you will die from it
- **Post-Traumatic Stress Disorder (PTSD)** – trauma flashbacks, hyperarousal, panic attacks, emotional numbness
- **Borderline personality disorder** – intense relationships, extreme reactions, impulsive behaviors, self-harming

# Language

- Reflects our attitudes about, knowledge of and respect we have for other people
- Looking and listening help us understand a person's challenges to better communicate with them
- Use People First Language
- Speech problems do not mean intellectual disability
- Intellectual disability does not mean no memory reliability
- CREDO-Compassion, Respect, Empathy, Dignity and Openness to the needs of others



# Outdated Terms: DO NOT USE

- Retard or retarded (say intellectual or cognitive disability)
- Spastic or spaz (say person with Cerebral Palsy)
- Mongoloid or Downs (say person with Down Syndrome)
- Idiot, crazy, loony (say person with mental illness)
- Handicapped or Disabled person (say person with a disability)
- Suffers from ..., is a victim of ..., (say person has ...)
- Wheelchair bound (say person uses a wheelchair)
- Crippled (say person walks with crutches)
- Deaf/dumb/blind/mute (say person has a hearing or visual impairment or does not speak)

# Important Do's

- Try to calm the person before asking questions
- Allow extra time for responses, don't interrupt
- Speak directly to the person at their level
- Speak in a normal tone of voice, calmly
- Slow your rate of speech, shorten sentences
- Use open-ended questions or multiple choice
- OK for child to say "I don't know"
- Explain what is happening and what may happen next
- Assess "scatter skills"
- Use cognitive ability, not chronological age

# Important Don'ts

- Don't dismiss someone as a witness or a suspect just because they have a disability
- Don't be condescending
- Don't use baby talk with children
- Don't use many yes/no questions
- Don't assume that a non-verbal person does not understand what you say to them or others around them
- Don't insist on eye contact
- Don't assume odd behaviors are evidence of drug or alcohol use, psychosis, defiance or belligerence

# Assess the Situation

- Approach in a calm manner. Speak softly.
- Avoid abrupt movements.
- Person may violate personal space by trying to stay either too close to you or a “safe” distance away.
- Make sure the person is clear of dangers such as busy streets. They may not recognize that danger.
- Seek information and assistance from others at the scene about how to interact with the person.
- Check for injuries. Some people with autism don’t respond to pain.
- Demonstrate what you want the person to do.
- Avoid slang or literal expressions such as “Are you pulling my leg?” “Knock it off” or “Cut it out.”

# De-escalation

- Avoid touching the person. Guide with slow gestures.
- Find a quiet location for the person. Turn off sirens, lights. Remove canine partners and crowds.
- Do not stop obsessive or repetitive behaviors unless they are risking injury to someone.
- If the person is holding and appears fascinated by an inanimate object, allow that to continue if possible.
- Be alert for impulsive reactions. If not endangering anyone, allow these behaviors to subside on their own.
- Use geographic containment. Use of pepper spray may result in a sensory reaction and escalated behavior.
- Do not react to what might appear to be disrespect. It may be their best attempts to communicate.

# Look and Listen Language

## Look for:

- Indication of DD or MI
- Assistive devices
- Sensory disorders
- Stimming
- Lack of eye contact
- Medical issues
- Signs of stress
- Touching may cause fight, fright, flight

## Listen for:

- Cues of interests, use for calming/distraction
- Echolalia
- Literal Interpretations
- Lack of understanding
- Fear/anger can make speech impairments worse

# Preparation

- Talk to family or caregiver
- Some family members don't acknowledge the disability
- Support person should be out of line-of-sight
- Determine if verbal or not
- If not verbal, find out style of communication used
- Try to find child's interest to talk about
- Minimize distractions (lights, sound, crowds)
- Create ample space
- Ask permission before touching a service animal
- Treat assistive device as part of their personal space

# **Police Response to People with Disabilities: Mental Retardation**





# **Response to People with Disabilities: Mobility Disabilities**



# **Police Response to People with Disabilities: Mental Illness**



# **Police Response to People with Disabilities: Speech Impairments**



# Communication Challenge #1

## *Input: receiving the information*

- Use who, what and where questions (concrete vs abstract)
- Stay away from when, how and why questions
- Sit at the same level
- Use normal voice tones
- Speak clearly
- Try to make eye contact
- May not understand facial expressions
- Use visual aids
- Maintain natural and professional demeanor

# Communication Challenge #2

*Processing: making sense of the question*

- Provide structure
- Minimize distractions
- Speak distinctly
- Look directly at person
- Provide privacy
- Repeat/rephrase as needed
- Break down complex ideas
- Allow extra time
- Use age appropriate language

# Communication Challenge #3

## Output: answering back

- Sit at the same level
- Listen carefully
- Watch body language
- Don't interfere with stimming
- Use drawing board or paper and pencil
- Use several forms of communication: oral, visual, tactile as needed

# Look and Listen Language

- Look and listen for indications of a disability.
- Look and listen for a topic to use for calming.
- Look for causes of sensory overload.
- Listen patiently and allow extra processing time.
- Look for impulsive actions.
- Listen for responses meant to please.
- Look for any dangers the person may not recognize.
- Look and Listen for speech aides (picture cards, electronic devices, sign language, etc).

# Successful Communication – I/DD

- Begin by discussion of unrelated topic of interest to them.
- Use concrete statements such as, “It is raining in the room. Is that true or not true (a lie)?” not abstract questions such as, “What does it mean to tell the truth?”
- Be tolerant of pauses in the conversation, don’t fill in
- Children with autism mix up pronouns such as “He played with the train,” but meaning “I played with the train.”
- Offer help with physical needs, but don’t insist.
- Facial recognition is often difficult for them.
- Ensure they understand what is being asked.
- Responses may be to please, rather than the truth.
- Don’t try to stop stimming behaviors if not a danger.
- Don’t touch unless necessary.
- Help transitioning by explaining what will happen next.
- May repeat Disney movie phrases (or other movies).
- Behavior is communication.



# Successful Communication – MI

- Youth feel safest when you maintain your role as a law enforcement officer.
- If the youth is demanding or clingy, have them stand or sit in a specific area.
- Redirect and then ignore nonsense speech and persistent chatter.
- Give clear, concise directions and behavior guidelines.
- If the youth is clearly lying, remind them that truth is healthy and that you only want to hear things that are real.
- When confronted with destructive behaviors, be clear that they are not OK.
- When confronted with a panicked youth who is in “fight or flight” mode, de-escalate and diffuse emotion as much as possible.
- Officers who must pursue panicked youth are usually more successful approaching them on foot than in a vehicle.
- Avoid repetition of the child’s name as this may trigger memories of past abuse.
- Reassure the youth in brief phrases that they are safe and that you will help them.
- Mental illness and bizarre behavior are not criminal.

# Resources

- The Arc of Washington State (888) 754-8798
- National Alliance for Mental Illness (206) 783-4288
- Americans with Disabilities  
<http://www.ada.gov/policevideo/policebroadbandgallery.htm>
- National Children's Advocacy Center Online Trainings  
<http://www.nationalcac.org/events/online-training-courses.html>
- Parent/Professional Advocacy League Police Pocket Guide  
<http://ppal.net/publications/guides>

# Questions? More information?

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